

GAMBLING BUSINESS REGISTRATION SUPPLEMENTAL INFORMATION (CGCC – 536)

Type or print (in ink) all information requested on this supplemental form. If additional space is needed, please note response on a separate sheet of paper and attach to this form.

| SECTI | ON 1: APPLICANT PERSONAL HISTORY IN | FORMATION | |
|----------------------|--|-----------------------------------|---|
| Applica | ant's Full Legal Name: | | Gender: Male ☐ Female ☐ |
| | | | |
| | First | MI | Last |
| Applica | ant's Mailing Address: | | |
| | | | |
| Applica | Street ant's Telephone Number: | City Applicant's Facsimile | State Zip Code Number (if applicable): |
| (|) | () | |
| Date of Birth: | | *Social Security Numb | per: |
| Pleas | e indicate answers to the following questions | by placing an X in the appre | onriate hox |
| 1. | Have you ever been convicted of a felony? | by placing an X in the appro | Yes □ No □ |
| 2. | Within the last ten years, have you ever been convicted of a misdemeanor involving a firearm or other deadly weapon, gaming or gaming-related activities, violations of the Gambling Control Act, or dishonesty or moral turpitude, not including convictions that have been expunged or dismissed as provided by law? | | Yes □ No □ |
| 3. | Have you ever had a third party proposition player registration, a state gambling license, a key employee license, a work permit, or a finding of suitability revoked? | | Yes □ No □ |
| 4. | Have you every had an application denied for third party proposition player registration or under the Gambling Control Act? | | Yes ☐ No ☐ |
| | ON 2. DECLARATION re under penalty of perjury under the laws of the ted with this form is true, correct, and complete. | State of California that the fore | egoing information, and all information |
| Applicant Signature: | | | Date: |
| Title: | | | |

*Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.